

This form is available electronically.

FSA-21 (03-11-03)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency			1. SERIAL NO.	
PUBLIC VOUCHER - COMMODITY PROGRAMS (Agricultural Commodities and Related Services)					2. BU. VOUCHER NO.	
3A. VOUCHER PREPARED AT:				3B. DATE (MM-DD-YYYY)		9. PAID BY
4. UNITED STATES, DR., TO (Payee):						
5. AND (Joint Payees, if any)				6. PAYEE'S ACCOUNT NO.		
7. PAYEE'S ADDRESS (Street, City, State, Zip Code)						
8. ADDRESS TO WHICH CHECK SHALL BE MAILED						
10. DATE OF DELIVERY OR SERVICE	A. DESCRIPTION OF TRANSACTION (State quality and grade of commodity)		B. QUANTITY (No. of Units)	C. UNIT	D. AMOUNT CLAIMED PER UNIT	E. AMOUNT CLAIMED DOLLARS CENTS
11A. PROGRAM:						
11B. PROGRAM:						
12. CONTRACT NO.						
13. DELIVERY ORDER NO.						
14. SHIPPING POINT			15. DESIGNATION		F. TOTAL	
16. WEIGHT OF SHIPMENT	17. TRUCK LICENSE NO. OR CAR NO.		18. GOVERNMENT B/L NO.			
19A. PAYEE'S CERTIFICATE					20. FOR AUDIT USE ONLY	
<i>I certify that the above bill is correct and just; that payment has not been received; that the transactions enumerated above were performed as stated and that the payment is authorized to be made as indicated above.</i>					A. Difference A1.	
					A2. A3.	
19B. PAYEE			19C. DATE (MM-DD-YYYY)		A4. A5.	
19D. BY			19E. TITLE		B. Account verified correct for B1.	
19F. SIGNATURE OR INITIALS						
21. CERTIFICATE OF INSPECTOR (If inspector executes this certificate inspection need not be attached to voucher)				22. CERTIFICATE OF CHECKLOADER (When checkloading is required by USDA)		
<i>I certify that I inspected the commodity listed above and found the quality to be of the grade stated.</i>				<i>I certify that I checked the delivery of the commodity listed above and found the quantity delivered correct as stated.</i>		
21A. FEDERAL/STATE INSPECTOR (Signature)		21B. DATE (MM-DD-YYYY)		22A. CHECKLOADER (Signature)		22B. DATE (MM-DD-YYYY)
23. CERTIFICATE OF AUTHORIZED REPRESENTATIVE OF U.S. DEPARTMENT OF AGRICULTURE						
<i>Pursuant to authority vested in me, I certify that, if bill covers delivery of commodity, the commodity described, after having passed inspection, was received and accepted in good condition in the quantities stated, for and on behalf of the U.S. Department of Agriculture, or if bill covers service, exportation or diversion, that such service, exportation or diversion was performed as stated.</i>						
A. AUTHORIZED REPRESENTATIVE SIGNATURE					B. DATE (MM-DD-YYYY)	
24. COST ACCOUNT		25. ENCUMBRANCE LIQUIDATED		26. REMARKS		
A. APPROP. OR LIMITATION SYMBOL	B. AMOUNT	A. UNITS	B. AMOUNT			
	\$		\$			
	\$		\$			

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ORIGINAL - Send to Kansas City Finance Office, Finance Operations Division, Mail STOP 8588, P.O. Box 419205, Kansas City, MO 64141-6205.

Preparation of Form FSA-21

Box	Box Title	Instructions
1	SERIAL NO.	Do not write in this box
2	BU. VOUCHER NO.	Do not write in this box
3A	VOUCHER PREPARED AT:	Fill in the city and state the form was completed.
3B	DATE	Fill in the date the voucher is being completed.
4	UNITED STATES, DR., TO (Payee)	Fill in who the voucher should be made payable to.
5	AND (Joint Payees, if any)	Fill in any additional parties that should be paid from this voucher.
6	PAYEE'S ACCOUNT NO.	Fill in the Tax ID or Social Security Number (if a private contractor) for the party to be paid
7	PAYEE'S ADDRESS	Fill in the address for the party to be paid
8	ADDRESS TO WHICH CHECK SHALL BE MAILED	If the mailing address is different than the payee address in No. 7, please complete this information.
9	PAID BY	Do not write in this box
10	DATE OF DELIVERY OR SERVICE	Fill in the actual date the delivery or service occurred.
10A	DESCRIPTION OF TRANSACTION	Describe in as much detail as possible, what service was provided and what occurred.
10B	QUANTITY (No. of Units)	List the number of units that were used. For delivery vouchers: For 1 delivery it would be 1 unit, for 2 delivery it would be 2 units, etc.
10C	UNIT	Fill in the purchase unit (case, each, box, etc.) For Delivery it would be "each".
10D	AMOUNT CLAIMED PER UNIT	Fill in the dollar amount that is being claimed per unit.
10E	AMOUNT CLAIMED	Multiply the number of units by the unit dollar value to extend to the total amount that is being claimed per unit
10F	TOTAL	Add up the total extended dollar amounts and fill in the total dollar amount being claimed.
11A	PROGRAM	Fill in the FNS Program from which the food was used
11B	PROGRAM	Fill in any additional FNS Program from which the food was used
12	CONTRACT NO.	Fill in if applicable (ex: If an outside contractor was used, list contract number or name that the contract is recorded as)
13	DELIVERY ORDER NO.	Fill in the sales or purchase order number, if applicable.
14	SHIPPING POINT	Fill in where the food was shipped from
15	DESIGNATION	Fill in where the food was being shipped to
16	WEIGHT OF SHIPMENT	Fill in, if applicable
17	TRUCK LICENSE NO. OR CAR NO.	Fill in, if applicable
18	GOVT B/L NO.	Fill in, if applicable
19A	PAYEE'S CERTIFICATE	Do not write in this box
19B	PAYEE	Fill in the party that the payment should be made out to.
19C	DATE	Fill in the date the form is being completed
19D	BY	Print the persons name who completed the FSA-21 form
19E	TITLE	Fill in the title of the person who completed the form
19F	SIGNATURE OR INITIALS	Signature or initials of the person who completed the form
20	FOR AUDIT USE ONLY	Do not write in this box
20A		Do not write in this box
20A1		Do not write in this box
20A2		Do not write in this box

Preparation of Form FSA-21

20A3		Do not write in this box
20A4		Do not write in this box
20A5		Do not write in this box
20B		Do not write in this box
20B1		Do not write in this box
21	CERTIFICATE OF INSPECTOR	Do not write in this box
21A	FEDERAL/STATE INSPECTOR	Signature of the Federal or State Inspector (if applicable)
21B	DATE	Fill in the date of the inspector signed the form
22	CERTIFICATE OF CHECKLOADER	Do not write in this box
22A	CHECKLOADER	Signature of Checkloader (if applicable)
22B	DATE	Fill in the date of the checkloader signed the form
23	CERTIFICATE OF AUTHORIZED REPRESENTATIVE OF USDA	Do not write in this box
23A	AUTHORIZED REP SIGNATURE	Do not write in this box
23B	DATE	Do not write in this box
24	COST ACCOUNT	Do not write in this box
24A	APPROP. OR LIMITATION SYMBOL	Do not write in this box
24B	AMOUNT	Do not write in this box
25	ENCUMBRANCE LIQUIDATED	Do not write in this box
25A	UNITS	Do not write in this box
25B	AMOUNT	Do not write in this box
26	REMARKS	Do not write in this box
	MAILING INSTRUCTIONS: State Distributing Agencies	Mail completed and reviewed FSA-21 <u>with supporting documentation</u> (Invoices, receiving reports, etc.) to your FNS Regional Office.
	MAILING INSTRUCTIONS: Regional Offices	Mail completed and reviewed FSA-21 <u>with supporting documentation</u> (Invoices, receiving reports, etc.) to: Program Support Branch Food and Nutrition Service 3101 Park Center Drive, Room 508 Alexandria, VA 22302-1500